EXHIBIT LL

PLAINTIFFS EEOC CHARGE MAY 12, 2010

| EEOCOMS@12011-cv-02317-STA-cgc Document 39-13 | 3 Filed 12/01 | /11 Page 2 of 8 | PageID 435 |
|--|--------------------------------------|---------------------------------------|--|
| , CHARGE OF DISCRIMINATION | Charge | e Presented To: | Agency(ies) Charge No(s |
| This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form. | | FEPA | |
| and tolling | X | EEOC | 490-2010-01662 |
| State or local | Agency, if any | | and EEOC |
| Name (indicate Mr., Ms., Mrs.) | | Home Phone (Incl. Area | a Code) Date of Birth |
| Mr. Rodney V. Johnson Street Address | | (901) 251-01 | 90 -1966 |
| City, Si | tate and ZIP Code 1phis, TN 3810 | 9 | |
| Named is the Employer, Labor Organization, Employment Agency, Apprentice Discriminated Against Me or Others. (If more than two, list under PARTICULA | eship Committee, or S ARS below.) | State or Local Governme | ent Agency That I Believe |
| Name | | No. Employees, Members | Phone No. (Include Area Code |
| KUEHNE-NAGEL | | 15 - 100 | (262) 449-8000 |
| 4020 Evenutive D., 4000 | ate and ZIP Code | | |
| South | aven, MS 3867 | 2 | |
| Name | | No. E Pres, MARY | Phone No. (Incl. 2004 a Code) |
| Street Address City, Sta | ate and ZIP Code | | 2010 |
| DISCRIMINATION BASED ON (Check appropriate box(es).) | | DANGGER | THE TON TON THE TON TH |
| X RACE COLOR SEX RELIGION | NATIONAL ORIGI | | Latest 05-12-2010 |
| X RETALIATION X AGE DISABILITY OTHER (Specify) | GENETIC INFORMATIO | N _ | 30 12 2010 |
| THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): | | | CONTINUING ACTION |
| I was hired with the company on February 8, 2010, as a Forkli | ift Driver. I was | terminated on May | 11, 2010. |
| The reason I was given for my termination was work performa | ance I disagree v | with this roosen I th | alinia is in to the contract |
| made a complaint of disparate freatment. Specifically in Mar | ch 2010. I compt | ained to the IID NA | T CC XX |
| Williager, (Light Skin-Black) | Male) and the dic | narata traatmant | ad disconnect of |
| based on my color (Dark Skill), race (Diack), sex (Male) age (| 43) and disabilit | v In Annil 2010 I. | |
| promotional failing, nowever it was granted for Chris (V | White/Male_33\ a | nd ha alaa maaduu d | l = 1.1.1. // |
| 101 Same position. Some examples of disparate freatment. in | Rehmany 2010 - 1 | amaa Chain Chan | |
| called Terry Givens, Forklift Operator (Black/Male) a "nigger' accused of sexual harassment/inappropriate touching. In both on the disciplined or discharged. Additionally, I have a result in | and in April 20 | 10, Louis (Light Sk | in-Black/Male) was |
| and the printed of discharged. Additionally, I have complained | I about the unter- | ••• • • • • • • • • • • • • • • • • • | |
| or and officer of the control of the | av before I did (1 | Robbie Townsend (| ess in my back pay |
| Robert Sletcher, Dark Skin-Black/Male). | y colore raid (1 | tooole Townsend (| Diack/remale), |
| I believe that I was discriminated against and discharged because | | 1 15 (45) | |
| I believe that I was discriminated against and discharged because complaining about protected activities in violation of Title VII | of the Civil Biok | lack), age (43) and | in retaliation for |
| rigo Discrimination in Employment Act of 196 (ADEA), as ar | nended. | its Act of 1964, as | amended and of the |
| want this charge filed with both the EEOC and the State or local Agency, if any. I ill advise the agencies if I change my address or phone number and I will proceedures the processing of my charge in accordance with their rocedures. | NOTARY – When ne | cessary for State and Loca | I Agency Requirements |
| declare under penalty of perjury that the above is true and correct. | the best of my kno | wledge, information and | e charge and that it is true to belief. |
| | SIGNATURE OF COL | WPLAINANT | la s |
| May 40, 0040 | SUBSCRIBED AND S | SWORN TO BEFORE ME T | FUIC DATE |
| May 12, 2010 | (month, day, year) | TO BEFORE ME T | IHIS DATE |
| Date Charging Party Signature | 1 / /1011 | 12 A 10 m | 2/12/10 |

This is an addendum to the charge attached:

Kuehne and Nagel is a third party logistics company handling and account for Lexmark. This project is new and no current Standard Operating Procedures are in place in the inventory department at this time.

I have been employed with Kuehne and Nagel since February 8, 2010, see attached email. I have not missed any days, called in to work, left early without approved authorization when our work scheduled exceeded 10-12 hours and I was never late for work. I originally requested to be on 2nd shift and 1st as a secondary option.

Since February 15, 2010 I have expressed interest in advancing and promotions within the Inventory department and the company to Jeff Shaw and other managers who could assist me in reaching that goal. I have asked that my resume be revisited and let me assist with a basic SOP and other general function needed to run an effective department. See attached email.

I have continuously asked for training since my hire date that will aid me in achieving my goal to be promoted and it was declined. A Caucasian male named Chris? began in Inventory about a month ago to date. Chris received a month of training on K & N warehouse management system (Ceil) which would ultimately place him before me if and when any advance positions became available. I complain to Human Resource Manager, Jeff Werner, about this issue and he said that he would have a talk with the Inventory Manager, Jeff Shaw, in regards to race and color discrimination. See attached email.

Within the last month a Robbi, female black, also began training on WMS before me. I asked again about my turn for this training and nothing was done, nor did I receive training. I complained of these individuals who were hired after me, younger than me are receiving preferential treatment in regards to discrimination based on sex and equal pay. I was making 12.00 an hour while Robbi and Chris were making 14.00 an hour. I repeatedly complained about my pay for Inventory Control every pay period because I was held to the same standards as others and yet denied promotional training. See attached email.

Our department consisted of Rodney Johnson, Antonio Cunningham, Robert Fletcher, Robbi Townsend and Chris? all at the time were on 1st shift. All of these employees have, within their 90 days, attendance issues up to 3 to 5 times since their hire date. Antonio schedule was accommodated when he complained that he could not get to work on time in the mornings. Chris? schedule was accommodated so he could spend more time with his wife and kids. Robert Fletcher schedule was accommodated when he came come in 3-4 hours early and stay as long as he chooses, as if he made his own shift. Our shift hours are from 8-430.

I ask for accommodation for medical reasons on April 24, 2010 and I was delayed by 2 hours and when I asked again to arrange for my medication to be brought to work, that's when Jeff Shaw told me to put the product I had on my forklift up, clock out, go home and end of

discussion as though he was firing me. He has made several comments to me by telling me I was fired in front of other coworkers prior to that day. My Cobra benefits notice came in the mail a week later.

Kuehne and Nagel, Jeff Shaw had (3) three 30 day increments to address any performance or work issues with me, to the extent that they exist and they failed to do so until after I complained of my Civil Rights under Title VII.

My requested accommodations were declined for medical reasons, after I complained of discrimination based on sex, race, color, disability, equal pay and retaliation. See emails

The Requested to change depotent to the managers and to no avoil.

Case 2:11-cv-02317-STA-cgc Document 39-13 Filed 12/01/11 Page 5 of 8 PageID 438 490-2010-01665

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

| question is not applicable, write "N/A." (PLEASE PRIMI) |
|---|
| 1. Personal Information |
| Last Name: / Shows First Name: Sodney MI: // |
| Street or Mailing Address: // 10 Elder Rd / Apt or Unit #: |
| City: Memphis County: Shelly State: In Zip: 38109 |
| Phone Numbers: Home: (901) 251-0190 Work: (-) |
| Cell: (901) 289-8251 Email Address: Ropy chason 2/Ahoo com |
| Date of Birth: 806-66 Sex: Male Female Do You Have a Disability? Per No |
| Please answer each of the next three questions. i. Are you Hispanic or Latino? Yes Yes |
| ii. What is your Race? Please choose all that apply. American Indian or Alaskan Native Asian White |
| Black or African American Native Hawaiian or Other Pacific Islander |
| iii. What is your National Origin (country of origin or ancestry)? |
| Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You: |
| Name: Cheir Jones Relationship: Course |
| Address: 119 Jelk St. City: Beownsville State: In Zip Code: |
| Home Phone: (901) (6) 2 - 4/7 2 Other Phone: () |
| 2. I believe that I was discriminated against by the following organization(s): (Check those that apply) |
| Employer Union Employment Agency Other (Please Specify) |
| Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you |
| work from home, check here \(\pi\) and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets. |
| Organization Name: Xuehu - //agel |
| Address: 4080 Executive De. #200 County: Desoto |
| City: Southwer State: MS zip: 386) 2 Phone: (60) 449-8000 |
| Type of Business: 3 Rocky Joseph Joseph Job Location if different from Org. Address: |
| Human Resources Director or Owner Name: Jorgy Jolden / Jeff Warner Phone: () some as alow |
| Number of Employees in the Organization at All Locations: Please Check (J) One |
| ☐ Fewer Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☐ More than 500 |
| 3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? Yes No |
| Date Hired: 2-8-2010 Job Title At Hire: Forklyt Operator |
| Pay Rate When Hired: Last or Current Pay Rate: 19. |
| Job Title at Time of Alleged Discrimination: Invertory country Date Quit/Discharged: 5-11-2010 |
| Name and Title of Immediate Supervisor: |
| If Job Applicant, Date You Applied for Job Job Title Applied For |

| • | 4. What is the reason (basis) for your claim of employment discrimination? |
|------|---|
| | FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation. |
| | Race So Sex So Age Disability Disability Disability Religion Religion Religion Retaliation Pregnancy So Color (typically a difference in skin shade within the same race) Genetic Information; circle which type(s) of genetic information is involved: i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing) |
| | If you checked color, religion or national origin, please specify: Aff Show is mixed and skin completes much lighter, and his Kids one interpretability mixed. If you checked genetic information, how did the employer obtain the genetic information? |
| | |
| , | Other reason (basis) for discrimination (Explain): I Raised is our Concerning Little VII Equal |
| , | 5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) |
| | and title(s) of the person(s) who you believe discriminated against you. [See Section of the person |
| | A. Date: 3-15-2010 Action: lasked for Examing that would allow me |
| | |
| lyam | to promote to a difficult position and was devid. The position was filled Name and Title of Person(s) Responsible: 1 eff & haw |
| , | |
| | B. Date: 4-24-2010 Action: dura sent home after requesting to make a phone |
| | call to arrange for my medication to be brought to me for my disability |
| | Name and Title of Person(s) Responsible Jeff & haw. |
| | 6. Why do you believe these actions were discriminatory? Please attach additional pages if needed. Emoch Tracked |
| | I reported to H.R. That //eff Dhur was prejudice against his roa. |
| | and that he denied me training on WMSystem and allowed a caucosia male and |
| ₩ | 7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title? |
| | Mone regarding Title UIT, But her had several discussion with |
| | several managers about Jeff Show and they all revere reveally driver |
| | 8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied |
| | for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of |
| | discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges |
| | sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed. |
| | Of the persons in the same or similar situation as you, who was treated better than you? |
| | Full Name Race, Sex, Age, National Origin, Religion or Disability Job Title Description of Treatment |
| | A. Robbi Temple Black Inventory allowed pain |
| | latt early attendance is our |
| | B. Chais Conscasion Male Inventory allowed training |
| | arterial uninclar Male Black durity Schodola Oceans |
| | attendance isbues. |
| | Robert - Male block / Inventory / Schedule Occommodated attendance issues. 2 |
| | attendarae issues. |

| · Restarch | VA NOOD | ional Origin, Religion or | | Description of Treatment |
|--|--|--|--|--|
| with Manage | marak | | | |
| B. | | | | |
| В. | | | | and the state of t |
| | • | | -4-1 Ab | |
| Full Name | | ion as you, who was tre ional Origin, Religion or | | Description of Treatment |
| A. 60 AM | | | | |
| | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| В. | | | | |
| | | | | |
| Answer questions 9-12 | 2 only if you are claim | ing discrimination base | d on disability. If not, | skip to question 13. Please te |
| us if you have more th | han one disability. Ple | ease add additional page | es if needed. | |
| 9. Please check all the | | Yes, I have a disability | now but I did have one | |
| | | I do not have a disability No disability but the orga | now but I did have one mization treats me as if I | am disabled |
| | | | | |
| 10 What is the disch | ility that you ballove is | s the reason for the adv | arse action taken acqine | et von? Does this disability |
| prevent or limit you f | rom doing anything? | (e.g., lifting, sleeping, b | reathing, walking, caring | st you? Does this disability for yourself, working, etc.). |
| prevent or limit you f | rom doing anything? | (e.g., lifting, sleeping, b | reathing, walking, caring | g for yourself, working, etc.). |
| prevent or limit you for anything dependence of the to | rom doing anything? Justine disperder Le determine | (e.g., lifting, sleeping, be Degenerated of | coreathing, walking, caring Susc., Hyppetinous Cossigned to C | for yourself, working, etc.). honge Dioc |
| prevent or limit you for anything dependence of the to | rom doing anything? wowe dispreder Le determine | (e.g., lifting, sleeping, be Degenerated of attorney | acathing, walking, caring disc, Hyperturous assigned to a | honge Dioc |
| prevent or limit you for anything dependence of the Tonger | rom doing anything? Le diserder Le determine Gery (Demind ations, medical equipme | (e.g., lifting, sleeping, be exerted of attorney attorney de to anything else to le | consigned to Compared to Compa | for yourself, working, etc.). honge Dioc |
| Prevent or limit you for Annually dependence of the Translation of the | rom doing anything? Le disceder Le determine cory (Denied ations, medical equipment tion, medical equipment | (e.g., lifting, sleeping, be executed of attorney attorney ment or anything else to let or other assistance do y | reathing, walking, caring disc, Hyperturous assigned to Consigned to C | for yourself, working, etc.). honge Doc. uptoms of your disability? |
| Prevent or limit you for Annually dependence of the Translation of the | rom doing anything? Le determine Le determ | (e.g., lifting, sleeping, be exerted of attorney attorney de to anything else to le | reathing, walking, caring disc. Hypertinous assigned to Consigned to | for yourself, working, etc.). honge Doc. uptoms of your disability? |
| Prevent or limit you for anything departures one of the Transcription of | rom doing anything? Le diserder Le determine ations, medical equipment middipune B | (e.g., lifting, sleeping, be executed of attorner anything else to less or other assistance do y should be small attached. | reathing, walking, caring disc. Hypertinous Consigned to | proms of your disability? |
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| prevent or limit you for Annual dependence of the Translation of the T | rom doing anything? Le determine Le determine Lions, medical equipment minoclipine atternay employer for any char | (e.g., lifting, sleeping, be depended of attorney attorney attorney ment or anything else to less or assistance do y attorney attorney attorney attorney attorney attorney attorney attorney. How did you ask (very lifting to the standard attorney) attorney attorney attorney attorney attorney attorney. | reathing, walking, caring disc. Hypertinous consigned to consistency to consigned t | proms of your disability? |
| prevent or limit you for Annual dependence of the Translation of the T | egery Denied anything? Le determine discrete Denied attorner Commentations, medical equipment of any characteristics and solve full name and job | (e.g., lifting, sleeping, be depended of attorney attorney attorney ment or anything else to less or assistance do y attorney attorney attorney attorney attorney attorney attorney attorney. How did you ask (very lifting to the standard attorney) attorney attorney attorney attorney attorney attorney. | reathing, walking, caring disc. Hypertinous consigned to consistency to consigned t | proms of your disability? |
| prevent or limit you for Annual dependence of the Transport of the Transpo | rom doing anything? Le disseder Le determine Lion, medical equipment minodipune employer for any chain u ask? 43410 ovide full name and job | de.g., lifting, sleeping, be attorney attorney attorney attorney attorney attorney anything else to less that or other assistance do y attorney att | reathing, walking, caring disc. Hypertinous consigned to consistency to consigned t | proms of your disability? |
| prevent or limit you for Annual dependence of the Transport of the Transpo | rom doing anything? Le determine ations, medical equipment mulodypune B employer for any char ovide full name and job ar assistance that you asl | degenerated of attorney attorney attorney attorney attorney attorney attorney attorney attorney and or other assistance do y security attorney are attorney are attorney are attorney are attorney attorney attorney are attorney atto | reathing, walking, caring cloc. Hypertinous consigned to | promote Dioc. honge Dioc. hon |
| prevent or limit you for Angusty dependence of the Transfer of | rom doing anything? Le determine Le determine Lion, medical equipment mulodupure employer for any char u ask? 434-10 ovide full name and job or assistance that you asl arcance for | degenerated of attorney attorney attorney attorney attorney attorney attorney attorney attorney and attorney assistance to do title of person) and attorney are attorney are and attorney are are attorney are attorney are attorney are are attorney are attorney are are attorney are are attorney attorney are attorney are attorney attorney are attorney attorney are attorney attorney are attorney | reathing, walking, caring cloc. Hypertinous consigned to a consign | promote Dioc. honge Dioc. hon |
| prevent or limit you for Angusty dependence of the Transfer of | rom doing anything? Le determine ations, medical equipment micolipine B employer for any char ovide full name and job or assistance that you as excence for respond to your reques | (e.g., lifting, sleeping, be dependent of attorner attorner anything else to less to or other assistance do y should be small attorner assistance to do to title of person) iked for: Licenson and the classical angles or assistance to do title of person) iked for: Licenson and the classical angles or assistance to do title of person) iked for: Licenson and the classical angle a | reathing, walking, caring disc. Hypretinate assigned to a consigned to a consigne | promote Dioc honge of your disability? The disability? |
| prevent or limit you for Angusty dependence of the Transfer of | rom doing anything? Le determine ations, medical equipment micolipine B employer for any char ovide full name and job or assistance that you as excence for respond to your reques | (e.g., lifting, sleeping, be dependent of attorner attorner anything else to less to or other assistance do y should be small attorner assistance to do to title of person) iked for: Licenson and the classical angles or assistance to do title of person) iked for: Licenson and the classical angles or assistance to do title of person) iked for: Licenson and the classical angle a | reathing, walking, caring cloc. Hypertinous consigned to a consign | promote Dioc honge of your disability? The disability? |

| 13. | Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what |
|------|--|
| they | will say. (Please attach additional pages if needed to complete your response) |

| <u>e</u> ,, | Job Title | Address & Phone Nu | mber | What do you believe this person will tell us? |
|-------------|-----------------------|---|--|--|
| ic Hox | person / an | robot/ A & | η | That I eff when to leave or |
| t she | trans | Chas & Ro | Ahri. | / / *! |
| bi. | Inver | teny C/Courter / | / K. | * 1 / Dhe witness Ckris being |
| 1 | | / / | | |
| | | | | |
| of organiz | ation, name | of person you spoke with | and date of | contact. Results, if any? |
| | u filed a cled a comp | u filed a charge previous sought help about this of organization, name of | t she trained thus I Rolling the she trained the she at a complaint with another agency, provide the sought help about this situation from a union of organization, name of person you spoke with the she trained that the she trained the she tra | t she trained thus & Robbi. bi. Unverting C/Courter / K |

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination of the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

BOX 1 I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

BOX 2 want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

May 12. 2010
Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08). 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626. 42 U.S.C. 12117(a)

3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge. 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.

5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.